CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE MULTIPLE CHILDREN

RCW 49.48.120

(AFFIDAVIT FORM)

ST	ATE	OF	WASHINGTON)	Warrant	C/Check No(s)	
			_ COUNTY)	Fund		
1.	(Pr	In the matter of the amounts due to deceased employee employed by (Print legal name of deceased employee) (Name of state agency) of the state of Washington at the time of his/her death.					
2.	We	are	the biological	l and/or legally a	adopted chi	ldren of the dec	ceased.
3.				agree that our so		(Name of sibling)	, shall
4.	No	per		tative, executor (ceased employee's
5.	. Claim is made for the amount due the deceased employee for labor, services performed and/or expense reimbursements or allowances, not exceeding the sum \$10,000*.						
			*Beginning July	y 1, 2005, the \$10,000) is increased	by OFM based on th	e Seattle CPI).
					Signature	of Claimant	 Date
		Subs	scribed to and sw	vorn before me this		_ day of	, 20
					-	lic for the State ton, residing at	
					Signature	of Claimant	Date
		Subs	scribed to and sw	orn before me this		_ day of	, 20
						lic for the State ton, residing at	
							•

CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE MULTIPLE CHILDREN - continued

	Signature of Claimant	Date
Subscribed to and sworn before me this	day of	, 20
	Notary Public for the State Of Washington, residing at	
	Signature of Claimant	Date
Subscribed to and sworn before me this	day of	, 20
	Notary Public for the State Of Washington, residing at	

Note: Additional signature lines may be added as needed.